

Application or Docket Number

10/816060

(Column 2)

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 2)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

OR

TOTAL	
ADD'L FEE	

OR

OR

(Column 2)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)).

ADDI-

TOTAL
ADD'L FEE

ADDI-

OR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

~~ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450~~

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.